



Division of Mental Health and Addiction
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DMHA Youth Home & Community-Based Wraparound Services (HCBS) **Provider Renewal of Approval Instruction & Checklist**

Providers must reapply for approval as a HCBS provider according to the DMHA schedule for renewal. This instruction sheet is intended to assist a provider of the Division of Mental Health and Addiction's (DMHA) Youth Home & Community-Based Wraparound Services (referred to as HCBS) programs in understanding how to complete the Renewal of Approval process for one or more of the DMHA Youth HCBS programs.

Renewal of Approval: Provider Expectations

All DMHA-approved Youth HCBS Providers (Agencies and Individuals) are expected to resubmit an application for Renewal of Approval as an HCBS provider according to the established provider type schedule:

- 1) Accredited Agency; At least every three (3) years. Must resubmit documentation for renewal of approval again at time of national re-accreditation of agency.
- 2) Non-Accredited Agency; At least every two (2) years.
- 3) Individual Provider; At least every two (2) years.

The following applies to all providers regarding:

- 1) Providers must submit their documentation for Renewal of Approval in writing to DMHA at least **60 days** prior to the date of the Renewal deadline. This will allow time for DMHA to review the information; contact the provider if there are any questions or additional information is required; and complete the application review process prior to the deadline.
- 2) It is the responsibility of the service provider/agency to track the due date of their Renewal. DMHA will send past due letters to providers/agencies that are out of compliance with the Renewal of Approval requirement.
- 3) Failure to comply with the provider Renewal of Approval requirements in a timely manner will result in the provider being placed on *Suspended status*** pending the successful completion of a corrective action plan, including compliance with the Provider Renewal of Approval process.

****Note:** Suspended status is defined by DMHA as the following: The provider's name will no longer appear on the provider pick list as a qualified DMHA Youth HCBS service provider in any county. The provider may continue to provide services to those participants who the provider is currently serving. However, the provider is prohibited from accepting any new participants.

Continuing Education & Training Requirements

The State seeks continual improvement of service delivery to CMHW Services participants and their families. To facilitate staff development, DMHA-approved service providers are required to complete ongoing training and continuing education; and provide verification of compliance with this requirement at the time an application for Renewal of Approval is submitted. Continuing education and training requirements are based upon the type of provider approval, as follows:

- 1) *Accredited Agency Providers:* 10 hours of approved trainings/conferences every year for a total of 30 hours continuing education credits. (Accredited agencies must be reapply for provider approval every three years).
- 2) *Non-Accredited Agency Providers:* 10 hours of approved trainings/conferences every year for a total of 20 hours continuing education credits. (Non-accredited agencies must reapply for provider approval every two years).
- 3) *Individual Service Providers:* 10 hours of approved trainings/conferences every year for a total of 20 hours continuing education credits. (Individuals must reapply for provider approval every two years).

Renewal Application Checklist

The following forms are required in a Renewal of Approval application packet:

<input type="checkbox"/>	<u>Demographic Form:</u> Provider applicants for renewal of approval must complete all sections of the Demographic Form, with the exception of Section G (which is completed if adding services, staff members, etc. for those completing a Renewal of Approval) and Section H (which is optional and at the discretion of the Agency/Individual/Applicant).
<input type="checkbox"/>	<u>Service Application Form(s):</u> Must complete a service application (and attached required supporting documentation as required) for each staff members/individuals providing one or more DMHA Youth HBCS (e.g. Habilitation, Respite, etc.). Multiple service applications may be submitted with the same Demographic Form. When submitting your application packet, attach all staff member collateral documentation to the applicable service application. Note: Wraparound Facilitators must submit proof of participation and completion of required Wraparound Practitioner Certification training.
<input type="checkbox"/>	<u>Proof of Continuing Education:</u> Documentation demonstrating completion of continuing education is required for all staff members/individuals providing HCBS services (either individually or under an agency). Submit a copy of all individuals or staff's certificates of attendance in at least 10 hours of approved trainings/conferences every year (per staff member for Agency applications).
<input type="checkbox"/>	<u>Updated Screenings:</u> All screenings (indicated on the Demographic Form) must be dated less than a year old and submitted for each individual delivering a CMHW service. Accredited agency providers must ensure the screenings documentation is available for inspection in the staff member file. This is a requirement for all staff members/individuals
<input type="checkbox"/>	<u>Provider Agreement:</u> Agency/Provider must sign a new HCBS Provider agreement and submit it with the application (this is a new agreement and not a copy of the previous year's agreement).

Application Submission

The Provider Demographic Form must accompany any Agency/Individual/Applicant service provider request for provider renewal of approval. The form is to be completed and all supplemental forms (Service Applications) and collateral documentation related to the provider/applicant request is to be attached before it is submitted to DMHA for review and consideration:

Division of Mental Health and Addiction
Attn: Youth Services Team
402 W. Washington St., W353
Indianapolis, IN 46204-2739

DMHA Review of Applications for Renewal of Approval

Once received, DMHA will review the Demographic Form/Application packet for completeness. If an application is not complete, the applicant will receive notification regarding the missing elements (e.g., signatures, required documentation, missing information, etc.). Applicants will be notified of the timeline for submitting the required information. If updated information is not received within the required timeframe, the application will be purged. DMHA will only process complete application packets. After review of a complete application packet, DMHA will render a decision regarding an applicant's eligibility to be a DMHA-approved HCBS provider. The determination will be communicated by email in a dated letter on FSSA letterhead; and will contain an official signature. Approvals are not active until receipt of the aforementioned letter by the applicant.

Medicaid Revalidation

Providers are not required to notify Medicaid of a DMHA Renewal of Approval. Medicaid has its own revalidation timeline and providers will receive a letter from Medicaid regarding Provider's need to complete Medicaid Revalidation. Visit www.indianamedicaid.com for additional information regarding Medicaid requirements.